

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

SEP 19 1934

28677

1. PLACE OF DEATH

County Clay Registration District No. 197
 Township Fallston Primary Registration District No. 5276
 City North Kansas City, Mo. R. 4 St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Henry Thomas Owens
 (a) Residence, No. North Kansas City, Mo. R. 4 Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mathew Owens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17 - 1858</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>10</u>	DAYS <u>22</u> If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
9. Industry or businesses in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo13. NAME
John L. Owens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky15. MAIDEN NAME
Roberta Thatcher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky17. INFORMANT (ADDRESS)
Pearl Owens
North Kansas City, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Samplers Cem. Rollville, Mo DATE Aug 10 193419. UNDERTAKER (ADDRESS)
Martin Johnson Home
832 Armon Rd North Kansas City, Mo20. FILED Aug 10 1934 Viola C. Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 193422. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1934, to Aug. 8, 1934I last saw him alive on Aug 8, 1934 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Heart Prostration
Acute Heart Failure
45 A
116
191

Date of onset

8/5/345/7/34

Other contributory causes of importance:

Cancer of the lip
Senility
Jan. 1934

Name of operation None Date of _____What test confirmed diagnosis? blueness Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) Harry R. Stacey, M. D.(Address) North Kansas City, Mo

